

Westwood Veterinary Hospital

Drop-off form for Illness/Concern

Your pet's name:

Your name:

Best phone number to reach you at today:

Primary concern(s): Please mark all that apply to your pet's current condition.

- | | | |
|---|--|---|
| <input type="checkbox"/> Appetite Change | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Shaking Head |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Lameness/Limping | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Increased Thirst | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Itchy | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Increased Urination | <input type="checkbox"/> Weight Change
(Gain/Loss) |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Ingested Foreign
Substance | <input type="checkbox"/> Wound(s) |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> | | |

Painful? If yes, where ? _____

When did you first notice your pet's problem? _____

What medications/supplements does your pet currently take?

When did your pet eat last and what is his/her usual diet?

Is your pet taking monthly heartworm preventive?

Is your pet up-to-date on vaccinations?

Please list any vaccinations not administered at Westwood Veterinary Hospital and the dates they were given. _____

I authorize Westwood Veterinary Hospital to perform the following before notifying me:

Blood Work Profile:

Checks hydration status, anemia, infection, clotting ability, and overall status of immune system. Also checks the kidneys, liver, and pancreas and gives blood sugar levels.

Intestinal Parasite Exam:

Fecal exam checking for parasites like Hookworms, Whipworms, Tapeworms, Roundworms, Flukes, Coccidia, and their eggs/larvae.

Heartworm test:

Canine- Checks for heartworms and three tick diseases: Ehrlichiosis, Lyme disease, and Anaplasmosis.

Feline- Checks for heartworms, Feline Immunodeficiency Virus, and Feline Leukemia

Fluid Therapy:

Sterile fluids given under the skin or intravenously to help with dehydration or to flush toxins.

Radiographs (X-rays)

I authorize a maximum expenditure of \$_____ before the veterinarian/staff consults with me.

Promissory Note

I understand and agree that I am financially responsible for the payment of all services received and will be charged the interest of 1.5% of any outstanding balance over 30 days. If legal action is required to collect any fees due, I will be required to pay actual court cost and attorney fees.

Signature_____Date